

DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A CALL PROCESSING SYSTEM

A copy of
the specification of which (~~check one~~)

X is attached hereto.

X was filed on June 30, 1992 as Application Serial No. 07/906,957
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Codes, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			Priority claimed	
(Number)	(Country)	(Day/month/year filed)	Yes	No
(Number)	(Country)	(Day/month/year filed)	Yes	No
(Number)	(Country)	(Day/month/year filed)	Yes	No

I hereby claim the benefits under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing date)	(Status) (patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Adel A. Ahmed, Reg. No. 29,606; Donald M. Boles, Reg. No. 29,895; Joseph S. Codispoti, Reg. No. 31,819; Lawrence C. Edelman, Reg. No. 29,299; Michael B. Einschlag, Reg. No. 29,301; Mark H. Jay, Reg. No. 27,507; Peter A. Luccarelli, Jr., Reg. No. 29,750; Richard M. Ludwin, Reg. No. 33,010; Jeffrey P. Morris, Reg. No. 25,307; Ira Lee Zebrak, Reg. No. 31,147

Send correspondence to:

Siemens Corporation
Intellectual Property Department
186 Wood Avenue South
Iselin, NJ 08830

Direct telephone calls to:

Elsa Keller, Legal Administrator (908) 321-3026

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole
or first inventor Larry Edward SCHESSEL

Inventor's signature 

Date 8/31/92

Residence Boca Raton, Florida

Citizenship United States of America

Post Office Address 4376 Sugarpine Drive, Boca Raton, FL 33487

Full name of second joint
inventor, if any _____

Second Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint
inventor, if any _____

Third Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

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